

01-*R*-0175

Entered - 9-10-98 - sb
CL98L0612 - ALEXIS HOLMES

CLAIM OF: **CHARLES SEABORN**
207 Palatka Street, S.E.
Atlanta, Georgia 30317

For damages alleged to have been sustained as a result of vehicular
damage due to broken glass on August 25, 1998 at 207 Palatka
Street SE.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0612

Date: 1/29/01

Claimant /Victim CHARLES SEABORN

BY: (Atty) _____

Address: 207 Palatka Street, S.E., Atlanta, Georgia 30317

Subrogation: _____ Claim for Property damage \$ 150.00 Bodily Injury \$ _____

Date of Notice: 9/4/98 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/28/98 Place: 207 Palatka Street, S.E.

Department Unknown Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his car hubcap hit glass causing damage to his vehicle. However, claimant moved after filing this claim, and did not leave a forwarding address. A diligent effort has been made to locate the claimant, to no avail.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

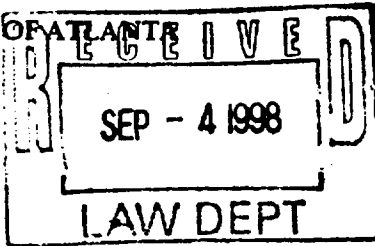
RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 01-30-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 8-28-98
ENTERED - 9-10-98 - SB
98L0612 - ANTHONY OATIS

OATIS
09/08/98
[Signature]

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 150.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 8 28 98 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes No
4. Location of incident (including street address): 207 Palatka ST
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: Car Hubcap HIT Glass.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Charles Seaborn
Signature of Claimant

Charles Seaborn
(Print Claimant's Name)
207 Palatka ST, S.E
(Address)
ATLANTA Ga 30317
(City, State and Zip Code)

01-R -0175

404-377-4858
(Work Number) (Home Number)